

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. LTC Jackson		
2.		
3.		
4.		

Action	File	Note and Return
Approval	For Clearance	Per Conversation
X As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

This office has never been in contact with Dr. John to the best of my knowledge.

Attached is Memo which documents a visit by others.

This is the only thing I know of that we have on file.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)  CPT A	Room No.—Bldg.  ____
	Phone No.  ____